



Application for/change to Horse Insurance

Desired starting date: _____

1 Policyholder

Name m/f _____ Client number _____
Address _____ Date of birth _____
Postcode /city/town _____ E-mail _____
Home telephone _____ Occupation/company _____
Mobile phone _____ You want insurance as a: private individual business

2 Details of horse/pony to be insured

Name of horse _____
Gender Stallion Gelding Mare Date of birth _____ Height by measuring stick _____
Breed/descent _____ Colour _____
Stud book number _____ Chip number _____
From whom did you purchase the horse? _____
Date _____ Purchase price € _____

Where is the horse stabled? ⓘ _____
Address/postcode/city/town _____
Telephone _____

ⓘ Always state the current situation to allow a visit by our inspector.

3 Insurance conditions (for the acceptance requirements please visit www.hippozorg.be)

Insured value € _____

Insurance above market value is not allowed and will inevitably lead to disappointment in the event of a claim.

Basic insurance:

- Death inc. hospitalisation
- Death + Accident
- ODA
- Comprehensive
- Comfort
- Surgery

ⓘ Please bear in mind the link between medical insurance and basic insurance)

Supplementary insurance:

- Limited sickness insurance ⓘ
- Comprehensive sickness insurance ⓘ
- Theft
- Accidents for horse riders/carers
- Combination 1
- Combination 2

Other insurance for:

- Foetus Embryo
- Saddle Trailers/Horse-drawn vehicles
- Stud horses
 - inc. artif. insemin. with frozen semen
 - inc. artif. insemin. with fresh semen

4 Purpose for which horse is used (you may tick more than one answer)

- Recreation Dressage Driving Western
- Sport Jumping Breeding Racing
- Other, namely: _____

5 Horse's health

Has your horse recently undergone a veterinary examination? No Yes _____ Clinically, on (date) _____
(If so, please send us the examination report and X-rays) X-rayed on (date) _____
Are you aware of any deficiencies of the horse? No Yes, namely _____
Has the horse ever been treated by a veterinary surgeon? No Yes, date and reason: _____
In the case of a mare:
Has she ever reared a foal? No Yes, in the year(s) _____
Is your mare currently in foal? No Yes, through natural covering/AI Yes, though embryo transplant

6 Number of horses

How many horses do you possess in total? _____

7 Loss of horses

How many horses have you lost in the past twelve months? _____

Date and cause of each individual case: _____

8 Horse to be removed due to sale

Name of horse _____ Policy number _____ Date _____
Who is the new owner? _____
Name _____ Address _____
Telephone number _____ Postcode /city/town _____

9 Items to be insured (cover can start after receipt of an invoice or valuation report)

In the case of a saddle:

- a. Have you marked/chipped the saddle? No Yes, in this way _____
b. Do you own the saddle? Yes No, the owner is _____
c. Where is the saddle kept _____
d. Is the saddle rented out or loaned to third parties? Yes No

In the case of a trailer/horse-drawn vehicle:

- a. Do you own the trailer/horse-drawn vehicle? Yes No, the owner is _____
b. Where is the trailer/horse-drawn vehicle usually parked? _____
c. Is it ever rented out or loaned to third parties? Yes No

Itemisation:

Item	Brand/Factory number	Model/Size	Colour	Age	Date of purchase	Insured value
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____

10 Premiebetaling

The premiums will be paid to:

Hippo Zorg The agent

The premium will be paid:

Yearly Half-yearly ⓘ Quarterly ⓘ Monthly ⓘ

Premiums for insurance for horse riders/carers may only be paid yearly.

ⓘ A 6% surcharge applies to half-yearly, quarterly and monthly payments.

11 Other circumstances

- a. Have you or any of the co-insured ever incurred damage through an insurable event? If so, what was the cause, how great was the damage and when did the damage occur? (Please also answer this question if the damage was uninsured.)
 No Yes _____
- b. In the past eight years have you or a co-insured ever been refused insurance, had insurance cancelled or been able to remain insured only subject to special conditions? If so, please state the company or companies that took such action, the insurance(s) concerned and the reason for the action taken.
 No Yes _____
- c. In the past eight years have you or another insured party had any dealings with the police or judicial authorities, either as a suspect or in connection with a sentence for criminal or other offences?
 No Yes _____
- Is there anything else that you need to mention about the insured risk or about you personally and/or co-insured parties that may be relevant to evaluation of this application? (If so, you can enclose this information in a sealed envelope addressed to the Board of Management of Hippo Zorg.)
 No Yes _____

Duty of disclosure

The insurance agreement that you conclude with Hippo Zorg will be governed by Dutch law.

You have a legal obligation to answer completely and truthfully all questions that we ask you prior to conclusion of the agreement. If it later transpires that you failed to fulfil or to fulfil completely your duty of disclosure, this may limit or even invalidate the entitlement to an insurance benefit. We have the right to cancel insurance if you deliberately tried to mislead us or if we would not have approved the insurance had we known the true circumstances (under articles 7.928 to 930 of the Netherlands Civil Code).

Personal data

For the purposes of this insurance application we ask you to provide personal details and possibly other details as well. Hippo Zorg will process this data so as to enter into and/or carry out the insurance agreement and/or transact any related financial settlements and manage client relationships, including the avoidance and prevention of fraud. Among other things Hippo Zorg may view data registered about you at Stichting CIS in Zeist (visit www.stichtingcis.nl). Privacy regulations cover personal data entered by our company in databases containing information about individuals.

Signature

I the undersigned hereby declare that I have given full and true answers to the above questions. I further declare that I shall accept the policy drawn up in accordance with this application and shall pay the premiums and costs owed for the policy. I am aware that I can view at the offices of Hippo Zorg the general conditions applicable to the insurance(s) that I have requested. I am further aware that I shall receive these general conditions together with the policy and that before then I can ask to be sent a copy of the general conditions.

Agent:	Signature of policyholder _____
Hippo Zorg client number:	Date _____
	Place _____

You have the right to lodge a complaint with the bodies mentioned below about the establishment or performance of this insurance agreement:

- Board of Management, W.A. Hienfeld B.V., Postbus 75133, 1070 AC Amsterdam
- Klachteninstituut Financiële Dienstverlening (KiFiD)/Financial Services Complaints Tribunal, Postbus 93257, 2509 AN The Hague